**East Ridge Athletic Association - Junior Olympic Volleyball**

**Financial Assistance Application**

East Ridge Athletic Association (ERAA) Junior Olympic (JO) Volleyball is a nonprofit organization. Financial assistance is awarded based on demonstrated need as assessed by ERAA JO Volleyball. Please provide the requested information to assist the ERAA JO Volleyball Board in determining eligibility for financial assistance.  **The information provided will remain confidential, will not be disclosed to anyone except the members of the ERAA JO Volleyball Board of Directors and will be used for the sole purpose of determining eligibility for ERAA JO Volleyball financial assistance.**

Completing a financial assistance application does not guarantee that you will be approved for financial assistance. ERAA JO Volleyball has very limited funds available for financial assistance. Thus, aid is based solely on financial need. Depending on the number of financial assistance applications, the ERAA JO Volleyball Board awards partial assistance in order to assist as many players as possible.

Player Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Grade Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Seasons played in ERAA JO Volleyball? \_\_\_\_\_\_\_\_\_\_\_\_

Is there more than one ERAA JO Volleyball player in your family? Number playing? \_\_\_\_\_\_\_\_\_\_\_

Specify the amount of financial assistance you are requesting $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your financial situation temporary whereby a deferred payment plan would help? Yes / No (circle)

Player qualifies for free/reduced lunch at school? Yes / No (circle)

Does the player live in subsidized housing? Yes / No (circle)

Do you receive public assistance? Yes / No (circle)

Does your family receive food stamps? Yes / No (circle)

Does your family receive medical assistance? Yes / No (circle)

**Please attach at least ONE of the following as proof of financial need. ERAA JO Volleyball may request documents not submitted.**

• Proof of eligibility for school lunch program or other public assistance programs

• Statement of extraordinary circumstances causing the difficulty to pay the full fees. (Attach statement or write on the back).

I certify and affirm the above information is true and complete to the best of my knowledge. I agree to inform ERAA JO Volleyball of any changes in my income or ability to pay. I understand incomplete information could jeopardize eligibility for financial assistance. I have read the above program descriptions and understand there is no guarantee of assistance. I understand that ERAA JO Volleyball, its officers, directors, commissioners, coaches, volunteers and ERAA make no promise or assurances of financial aid. I understand the award amount is subject to funds available and my family's ability to pay.

Name (Please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to player: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please mail application no later than November 9th to:**

**East Ridge Athletic Association - Volleyball**

**℅ Sheri Rylicki**

**4041 Dorchester Dr.**

**Woodbury, MN 55129**

**Or**

**Email it to VBdirector@eraamn.com**